

COVER PAGE

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2005 MAR 16 PM 1:13

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER
DENTON	JOAN	E.	(916) 322-6325
MAILING ADDRESS (May use business address)		CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

OFFICE OF ENVIRONMENTAL HEALTH

Division, Board, District, if applicable:

HAZARD ASSESSMENT

Your Position:

DIRECTOR

→ If filing for multiple positions, list additional agency(ies) position(s). (Attach a separate sheet if necessary.)

Agency:

Position:

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

→ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☒ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D (Eliminated - report loans on Schedule C)

Schedule E ☒ Yes - schedule attached  
Income - Gifts

Schedule F ☐ Yes - schedule attached  
Income - Travel Payments

OR  
→ ☐ No reportable interests on any schedule

Total number of pages  
completed including this cover page: 3

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County: \_\_\_\_\_

☐ Other: \_\_\_\_\_

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2004, through December 31, 2004.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2004.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2004, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 15, 2005

(month, day, year)

Signature

(the originally signed statement with your ruling official.)

**SCHEDULE A-1**  
**Investments**

Stocks, Bonds, and Other Investments  
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

PHILIP DENTON, Ph.D.

> NAME OF BUSINESS ENTITY  
Freddie Mac

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
home mortgages

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/04 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/04 DISPOSED

> NAME OF BUSINESS ENTITY  
Devon

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
ENERGY

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
03/\_\_\_\_\_/04 ACQUIRED 9/28/04 DISPOSED

> NAME OF BUSINESS ENTITY  
Berkshire Hathaway

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
manufacturing

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/04 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/04 DISPOSED

> NAME OF BUSINESS ENTITY  
Pfizer

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
pharmaceutical co.

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/04 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/04 DISPOSED

> NAME OF BUSINESS ENTITY  
Ronan Companies, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
energy

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
03/\_\_\_\_\_/04 ACQUIRED 9/28/04 DISPOSED

> NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/04 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/04 DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE F**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Joan Denton Ph.D.</u>

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

NAME OF SOURCE	NAME OF SOURCE
<u>Cosmetic, Toiletry, and Fragrance</u>	
ADDRESS <u>Assoc.</u>	ADDRESS
CITY AND STATE <u>SACRAMENTO</u>	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>trade group/lobbyist</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S) <u>06/08/04</u> AMT: \$ <u>25.00</u> (If applicable)	DATE(S) AMT: \$ (If applicable)
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Reception attended</u> <u>on June 8, 2004 5:00-6:30PM</u>	DESCRIPTION:

  

NAME OF SOURCE	NAME OF SOURCE
ADDRESS	ADDRESS
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S) AMT: \$ (If applicable)	DATE(S) AMT: \$ (If applicable)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:	DESCRIPTION:

  

NAME OF SOURCE	NAME OF SOURCE
ADDRESS	ADDRESS
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S) AMT: \$ (If applicable)	DATE(S) AMT: \$ (If applicable)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:	DESCRIPTION:

  

NAME OF SOURCE	NAME OF SOURCE
ADDRESS	ADDRESS
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S) AMT: \$ (If applicable)	DATE(S) AMT: \$ (If applicable)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:	DESCRIPTION:

Comments: \_\_\_\_\_

RECEIVED  
OEHHHA  
2005 MAR 16 PM 1:14  
PERSONNEL MGMT/HRG SACS

*Do not attach brokerage or financial statements.*

# Verification

Print Name \_\_\_\_\_

Office, Agency  
or Court \_\_\_\_\_

Statement Type ☐ 2004/2005 Annual ☐ Assuming ☐ Leaving  
☐ State Annual ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed \_\_\_\_\_  
(month, day, year)

Signature \_\_\_\_\_